NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS Division of Housing and Community Resources

Heating System & Hot Water Heater Improvement Program Checklist

1. Agency Name			
2. Date Service Requested			
3. Does client have Heat?			
4. Gas/Electric operable?			
5. Oil in Tank?			
6. Client Name		Job #	
a. How many eligible unitb. Fuel Type: (Oil) (
c. Type of system: (War			
d. Hot Water Tank: (Oil	(Gas) (E	lectric) (Propan	ne)
Note: Any defects listed in this stest results when the heater is operating all defects reported by	erable. The agenc		•
Contractor		_ Evaluation Date	
Agency Heater Specialist		_ Evaluation Date	
8. Estimates: a. Contractor Names 1	<u>Material</u>	<u>Labor</u>	Total Cost
2			
3			
4			
b. Selected Contractor with l	lowest bid/estimat	e? Yes	No

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c. If selected contractor is not the reason for rejection.	e one who submitted the lowest estimate, state	
9. <u>Selected Heating System:</u> (AH	IRI Certified)	
a. Manufacturer		
b. Trade/Model Name	Model #	
c. BTU (Input)	Heating Capacity (BTU output)	
d. AFUE	SSE	
	Heating Unit) (Fuel Tank) (H/W/H Tank)	
(Yes) (No) If no, state t	the reason:	
10. Selected Hot Water Tank: (A) Fuel Type		
	Trade Name	
	Tank Size	
First HR Rating Gallons	Energy Factor	
11. Additional Parts:	Replacement Repair	
Note: Do not list parts that are package in this section.	included in the standard replacement heating system	
Gas Piping Lft V	Vater Lines Lft Oil Lines Lft	
<u>Duct</u> Lft <u>F</u>	Radiators Lft Baseboard Lft	
Oil Tank Size		
Electrical Specify:		
12. Final Inspection Data:		
Date Work was final inspecte	d by the agency	